

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			2/19
O.I.P.E. CLASSIFIER	LB	65373	
FORMALITY REVIEW	LB	65373	2/24/99 4/26/99

DB

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	3/24/99
1	✓
2	✓
3	
4	
5	
6	
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11	
12	
13	
14	✓
15	N
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28	
29	
30	
31	
32	
33	✓
34	✓ - = = ✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	
44	
45	✓
46	✓
47	
48	
49	
50	✓ ✓

Claim	Date
Final	
Original	6/3/99
51	✓
52	—
53	✓
54	
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57	✓
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69	✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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